

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 743206 RECEIPT DATE: 01 / 04 / 01
IA NUMBER: PCT/ GB99 / 02127 IA FILING DATE: 07 / 02 / 99
FAMILY NAME: PARKER DELAY WAIVED (Y/N): Y
GIVEN NAME: DAWOOD DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 04 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: EWIN D SCHIDLER
STREET: FIVE HIRSCH AVENUE
PO BOX 966
CITY: CORAM
STATE/COUNTRY: NY ZIP: 117270966
EMAIL:
APPLICATION TITLES:
NON-INVASIVE MEASUREMENT OF BLOOD ANALYTES

TAB TO LAST POSITION,PUSH SEND